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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P94000013879 | (9) |
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| 1 Comparation Name | 1 0 10000 10010 | \mathbf{V} |

| LIL' PEOPLE EXPRESS, INC. | | | | 1 SERVICAN DIR JENDI BARNI BARNI BARNI BA | 1 44 16 11 161 1 1441 1 | | |
|--|--|---|--|--|--|--|--|
| indipal Place | of Business | Mailing Address | | | | | |
| 1354 22ND SARASOTA | | 1354 22ND ST Sarasota FL 34 2 | 34 | | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of La | st Report |
| Debugia at DE | and of Divisions | To- Mail - Mile | | | 02/16/1994 | 03/00 | 71995 |
| rnncipai Pia | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| Suite, Apt. i | #, etc. | Suite, Apt. #, etc. | | | 65-0475027 | | Not Applicable 75 Additional |
| | | 27 | | | 5. Certificate of Status Desired | | ee Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | _ \$! | 5.00 May Be |
| | | 28 | | | Trust Fund Contribution | | dded to Fees |
| Zip | Country | Zip | | untry | 8. This corporation has liability or | | ers 199.032, |
| | 25 9. Name and Address of Curren | 29 Agent | 30 | | Florida Statutes | | |
| | | | | 81 Name | IU. Name and Address of New I | uağıstaran Mğetit | |
| DICHAI | RDSON, MARY E | | | | | | |
| | 22ND ST | | | 82 Street Add | ress (P.O. Box Number is Not Acceptal | ble) | |
| | SOTA FL 34234 | | | 63 | | | |
| Or a pro- | 70171 E 01201 | | | 84 City | | | |
| | | | | i ' | | FL 85 | Zip Code |
| remain an and | ed agent, or both, in the State of Floric th, or clocock the objugations of Section | den) | 9S. | orporation's boa | ration submits this statement for the purific the purific of directors. I hereby accept the application of directors and the application of the purific the purifi | pointment as register | ered agent. I am |
| GNATURE _ | Mary J. Richer | on 607.0505, Florida Statute Les and the Pappikatiko (h | 9S. | Agent signature require | 6 | 02/21/96 DATE | CTORS IN 12 |
| SNATURE _ | Student type of the control of the c | and tre Papalsalib (h | 9S. #OTE Registered 13. | Apont signature require | od when reinstating) | 02/81/96 DATE | CTORS IN 12 |
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